1	James,								_		_			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									Application or Docket Number 10/7/3606					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OB	OTHER THAN			
TOTAL CLAIMS			5	5				RATE F		FEE	٦	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE :	385.00	ОЯ		 	
TOTAL CHARGEABLE CLAIMS			(je m	(e minus 20=		•		X\$ 9=			T _{OR}	X\$18=		
INDEPENDENT CLAIMS				minus 3 =				X43=			OR	\\\		
MULTIPLE DEPENDENT CLAIM PR			PRESENT					+145=	1		OR		290	
• If the	e difference	e in column 1 is	less than a	ess than zero, enter "0" in column 2				TOTAL	+		OR		1000	
	C	LAIMS AS	AMENDE	D - PAR) - PART II				<u>. </u>			OTHER	<u> </u>	
		(Column 1)		(Column 2) (Column 3)				SMAL	LEN	TITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME • PREVIO PAID I	BER	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	'ADDI- TIONAL FEE	
AMENDMENT	tal	· //	Minus	- 2	0	= /	×	X\$ 9=			OR	X\$18≃		
AME	dependent	· 2	Minus	2		<u>/</u>		X43=			OR	X86=		
1 - 1 - 11	l·	NIATION OF M	ULTIPLE DE	LTIPLE DEPENDENT C			1	+145=	T		OR	+290=		
01221						L	TOTAL			OR	TOTAL ADDIT, FEE			
$\frac{\partial}{\partial t} \frac{\partial}{\partial t} \frac{\partial}$														
AMENOMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE	
S Tot		. 16	Minus	· 20	j ·	e —		X\$ 9=	1		OR	X\$18=		
AM EIB	FIRST PRESENTATION OF MUI		Minus			III III		X43=			OR	X86=		
THE PERSON OF MOETH LE DEFENDENT COMM								+145=	Γ		OR	+290=	N aga	
							. A	TOTAL			OR ,	TOTAL ODIT, FEE		
	•	(Column 1)		(Colum	n 2)	(Column 3)					•			
AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT 'EXTRA		RATE	TIÓ	DI- NAL EE		RATE	ADDI- TIONAL FEE	
Total	aJ	•	Minus	**		= .	Γ	X\$ 9=	Π	$\neg \neg$	OR	X\$18=		
AME Inde			Minus	***	N 4 3 3 4	•	ŀ	X43= '			OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1	+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TOTAL			L	TOTAL		
mil the	Highest Nun	nber Previously Pa per Previously Paid	id For IN THI	S SPACE is i	ess than	3 enter "3"		DIT. FEE	propri			DDIT. FEE		